


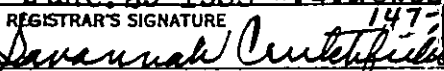
THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **19218**

No. 300

10-48

FILED JUL 11 1955

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Warrensburg		c. LENGTH OF STAY (In this place) 27 Yrs		c. CITY OR TOWN Warrensburg		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 614 So College				e. STREET ADDRESS (If rural, give location) 500 So. College			
3. NAME OF DECEASED (Type or Print)		a. (First) Oscar Albert		b. (Middle) Marti		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) June. 27 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 28 1882		9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 18 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY College		11. BIRTHPLACE (City and State or Foreign Country) Saginaw Mich.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Jacob Marti		13b. MOTHER'S MAIDEN NAME Margarettia Fritz		14. NAME OF HUSBAND OR WIFE Hilary Marti			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) never no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. O. A. Marti Warrensburg Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X				INTERVAL BETWEEN ONSET AND DEATH 30 min. 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 14, 1954</u> , to <u>June 27, 1955</u> ; that I last saw the deceased alive on <u>June 27, 1955</u> , and that death occurred at <u>7:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE 		(Degree or title) M.D.		23b. ADDRESS Warrensburg Mo.		23c. DATE SIGNED 6-29-1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Creation		24b. DATE June 29 1955		24c. NAME OF CEMETERY OR CREMATORY W.D. Newcomer's Sons		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. June 29, 1955		REGISTRAR'S SIGNATURE 		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips Warrensburg Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUL 5 1956
NEGATIVE

JOHNSON COUNTY HEALTH DEPARTMENT

9561 98 7001

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *R. A. Phillips*

Licensed Embalmer No. *233*

P. O. Address *Warrensburg*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.